

County: Vilas
EAGLE RIVER HEALTH CARE CENTER, INC.
357 RIVER STREET, BOX 1149
EAGLE RIVER 54521 Phone: (715) 479-7464

Facility ID: 3000

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Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 73
Total Licensed Bed Capacity (12/31/01): 93
Number of Residents on 12/31/01: 51

Ownership:
Highest Level License:
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 54

Corporation
Skilled
No
Yes
54

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		25.5
Supp. Home Care-Personal Care	No					1 - 4 Years		41.2
Supp. Home Care-Household Services	No	Developmental Disabilities	3.9	Under 65	3.9	More Than 4 Years		33.3
Day Services	No	Mental Illness (Org./Psy)	37.3	65 - 74	7.8			-----
Respite Care	Yes	Mental Illness (Other)	19.6	75 - 84	25.5			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	49.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	7.8	95 & Over	13.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	Yes	Cardiovascular	19.6	65 & Over	96.1	-----		
Transportation	No	Cerebrovascular	2.0		-----	RNs		14.1
Referral Service	No	Diabetes	5.9	Sex	%	LPNs		5.0
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	21.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	78.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	40	97.6	94	0	0.0	0	9	90.0	115	0	0.0	0	0	0.0	0	49	96.1
Intermediate	---	---	---	1	2.4	79	0	0.0	0	1	10.0	115	0	0.0	0	0	0.0	0	2	3.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		41	100.0		0	0.0		10	100.0		0	0.0		0	0.0		51	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	43.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	2.0	41.2	56.9	51
Other Nursing Homes	12.8	Dressing	3.9	39.2	56.9	51
Acute Care Hospitals	43.6	Transferring	25.5	25.5	49.0	51
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	25.5	25.5	49.0	51
Rehabilitation Hospitals	0.0	Eating	82.4	0.0	17.6	51
Other Locations	0.0	*****				
Total Number of Admissions	39	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	5.9	Receiving Respiratory Care		9.8
Private Home/No Home Health	23.8	Occ/Freq. Incontinent of Bladder	62.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	52.9	Receiving Suctioning		0.0
Other Nursing Homes	23.8			Receiving Ostomy Care		5.9
Acute Care Hospitals	14.3	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	2.0	Receiving Mechanically Altered Diets		39.2
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	38.1	With Pressure Sores	5.9	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	42	With Rashes	2.0	Medications		
				Receiving Psychoactive Drugs		56.9

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	57.5	80.3	0.72	85.1	0.67	84.4	0.68	84.6	0.68
Current Residents from In-County	66.7	72.7	0.92	72.2	0.92	75.4	0.88	77.0	0.87
Admissions from In-County, Still Residing	25.6	18.3	1.40	20.8	1.23	22.1	1.16	20.8	1.23
Admissions/Average Daily Census	72.2	139.0	0.52	111.7	0.65	118.1	0.61	128.9	0.56
Discharges/Average Daily Census	77.8	139.3	0.56	112.2	0.69	118.3	0.66	130.0	0.60
Discharges To Private Residence/Average Daily Census	18.5	58.4	0.32	42.8	0.43	46.1	0.40	52.8	0.35
Residents Receiving Skilled Care	96.1	91.2	1.05	91.3	1.05	91.6	1.05	85.3	1.13
Residents Aged 65 and Older	96.1	96.0	1.00	93.6	1.03	94.2	1.02	87.5	1.10
Title 19 (Medicaid) Funded Residents	80.4	72.1	1.11	67.0	1.20	69.7	1.15	68.7	1.17
Private Pay Funded Residents	19.6	18.5	1.06	23.5	0.83	21.2	0.93	22.0	0.89
Developmentally Disabled Residents	3.9	1.0	3.95	0.9	4.35	0.8	4.98	7.6	0.52
Mentally Ill Residents	56.9	36.3	1.57	41.0	1.39	39.5	1.44	33.8	1.68
General Medical Service Residents	0.0	16.8	0.00	16.1	0.00	16.2	0.00	19.4	0.00
Impaired ADL (Mean)	59.6	46.6	1.28	48.7	1.22	48.5	1.23	49.3	1.21
Psychological Problems	56.9	47.8	1.19	50.2	1.13	50.0	1.14	51.9	1.10
Nursing Care Required (Mean)	7.8	7.1	1.10	7.3	1.08	7.0	1.11	7.3	1.07